

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2011
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NAME OF PROVIDER OR SUPPLIER WOODVIEW HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 E STATE BLVD FORT WAYNE, IN 46805
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K 000

INITIAL COMMENTS

A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).

Survey Date: 01/13/11

Facility Number: 000158
Provider Number: 155255
AIM Number: 100291490

Surveyor: Amy Kelley, Life Safety Code Specialist

At this Life Safety Code survey, Woodview Healthcare Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.

This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and resident room on the Rehabilitation Hall. The facility has a capacity of 128 and had a census of 103 at the time of this survey.

Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 01/18/11.

The facility was found not in compliance with the aforementioned regulatory requirements as

K 000

RECEIVED

FEB - 3 2011

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

APPROVED

2/1/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carol Angela Buckland

TITLE

Asst. Admin.

(X6) DATE

2/1/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORT WAYNE, IN 46805**

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K 000	Continued From page 1	K 000	This Plan of Correction is to	
	evidenced by the following:		serve as Woodview Healthcare's	
K 050	NFPA 101 LIFE SAFETY CODE STANDARD	K 050	allegation of compliance.	
SS=C	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2		K050 It is the policy of /Woodview Healthcare, Inc., to hold fire drills at unexpected time and under varying conditions.	
	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times for 4 of 4 quarters. This deficient practice affects all occupants.		The policy regarding "Fire Drill Schedule" has been updated and reflects that fire drills are to be held at unexpected times under varying conditions (See Attachment 1-A) The Fire Drill Schedule has been revised to reflect unexpected times and under varying conditions (See Attachment 1-B).	
	Findings include:		The In-service Director will be responsible for ensuring the fire drills are held according to facility policy. The In-service Director will document all fire drills including date and time on a "Fire Drill Schedule Grid" (See Attachment 1-C) which will be maintained and monitored by the Administrator. The Administrator who will oversee the In-service Director for compliance with facility drills.	
	Based on review of the "Emergency Fire/Evacuation Drill" forms with the Acting Administrator, Chief Officer, and Maintenance Director on 01/13/11 at 11:48 a.m., all third shift fire drills took place between 5:30 a.m. and 7:00 a.m. for four of the last four quarters. This was acknowledged by the Acting Administrator at the time of record review.		Date of Completion: 2/12/2011	
	3.1-19(b) 3.1-51(c)			
K 056	NFPA 101 LIFE SAFETY CODE STANDARD	K 056		
SS=E	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard			

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K 056	Continued From page 2 for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install 2 of 3 sprinkler heads in the movie theatre room in accordance with NFPA 13, Section 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect any residents in the movie theatre room in the event of an emergency. Findings include: Based on an observation with the Acting Administrator, Chief Officer, Maintenance Director and the Housekeeping/Laundry Supervisor on 01/13/11 at 12:40 p.m., the movie theatre room had two sprinklers located three feet apart. Measurements were provided by the Maintenance Director. 3.1-19(b) K 144 NFPA 101 LIFE SAFETY CODE STANDARD SS=F Generators are inspected weekly and exercised	K 056	K056 It is the policy of Woodview Healthcare, Inc., to be in accordance with NFPA 13, Section 5-6.3.4 which requires sprinklers be located no closer than six feet measured on center. No residents were affected by the deficient practice. On 1/27/2011, a service representative from Shambaugh & Son, L.P. Contractors and Engineers was onsite and removed the sprinkler head which was observed to be closer than 6 feet (See Attachment 2-A). The building has been inspected for other sprinkler heads which are not within the required space and no others were found. The Administrator will oversee sprinkler head compliance and the administrator will be informed of the addition of any new sprinkler heads. Date of completion: 2/12/2011		

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K 144

Continued From page 3
under load for 30 minutes per month in
accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:
1. Based on observation and interview, the
facility failed to ensure 1 of 1 emergency
generators was provided with an alarm
annunciator in a location readily observed by
operating personnel at a regular work station
such as a nurses' station. NFPA 99, Health Care
Facilities, 3-4.1.1.15 requires a remote
annunciator, storage battery powered, shall be
provided to operate outside of the generating
room in a location readily observed by operating
personnel at a regular work station. The
annunciator shall indicate alarm conditions of the
emergency or auxiliary power source as follows:
(a) Individual visual signals shall indicate:
1. When the emergency or auxiliary power source
is operating to supply power to load.
2. When the battery charger is malfunctioning.
(b) Individual visual signals plus a common
audible signal to warn of an engine-generator
alarm condition shall indicate:
1. Low lubricating oil pressure.
2. Low water temperature.
3. Excessive water temperature.
4. Low fuel - when the main fuel storage tank
contains less than a 3-hour operating supply.
5. Overcrank (failed to start).
6. Overspeed.

K 144

K144
A. It is the policy of Woodview
Healthcare, Inc. to be in compliance
with Life Safety Code standards
in regard to the generator.

A Generator Annunciator Panel
and Remote Stop button have been
ordered and are scheduled to be
installed on February 14 and 15,
2011. (See Attachment 3-A, 3-B,
3-C).

Maintenance Personnel will oversee
the system to ensure in working
order and will notify the administrator
if not functioning properly.

Date of Completion: 2/12/2011

B. It is the policy of Woodview
Healthcare, Inc. to be in compliance
with Life Safety Code Standards
in regards to Emergency Task lighting
at Generator.

Emergency Task Lighting has been
ordered and is scheduled to be
installed on 2/11/2011 if weather
permitting (See Attachment 4-A,
4-B).

Date of Completion: 2/12/2011

C. It is the policy of Woodview
Healthcare, Inc. to be in compliance
with CMS (Centers for Medicare/Medicaid
Services) and have a letter of
reliability from the natural gas

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Continued From page 4

Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants.

Findings include:

Based on an observation with Acting Administrator, Chief Officer, Maintenance Director and the Housekeeping/Laundry Supervisor on 01/13/11 during a tour of the facility from 11:40 a.m. to 2:40 p.m., the emergency generator did not have a remote annunciator panel. Based on an interview with the Maintenance Director at 12:47 p.m., the facility has never had a generator annunciator panel and he was not aware of this requirement.

3.1-19(b)

2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires

K 144

vendor regarding the fuel supply.

A statement of reliability of the natural gas delivery has been obtained. (See Attachment 5-A).

No residents were affected by the deficient practice. The administrator will be responsible for monitoring that the facility has a statement of reasonable reliability of natural gas delivery on hand.

Date of Completion: 2/12/2011

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K 144	<p>Continued From page 5</p> <p>engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Acting Administrator, Chief Officer, Maintenance Director and the Housekeeping/Laundry Supervisor on 01/13/11 during a tour of the facility from 11:40 a.m. to 2:40 p.m., the facility did not have a remote manual stop for the emergency generator. Based on an interview with the Maintenance Director at 11:40 a.m., the generator had a 116 horsepower motor.</p> <p>3-1.19(b)</p> <p>3. Based on observation and interview, the facility failed to provide emergency task lighting in and around 1 of 1 generator sets in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Section 5-3.1 requires the EPS (Emergency Power Supply) equipment location shall be provided with battery powered emergency lighting. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 01/13/11 at 2:40 p.m., a battery operated emergency task lighting was not</p>	K 144		

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K 144 Continued From page 6
provided at the emergency generator. This was
acknowledged by the Maintenance Director at the
time of observation.

3.1-19(b)

4. Based on interview and record review, the
facility failed to ensure the off site fuel source for
1 of 1 emergency generators was from a reliable
source. NFPA 110 1999 Edition, Standard for
Emergency and Standby Power Systems,
Chapter 3, Emergency Power Supply (EPS),
3-1.1 Energy Sources states the following energy
sources shall be permitted for use for the
emergency power supply (EPS):

- a) Liquid petroleum products at atmospheric
pressure
 - b) Liquified petroleum gas (liquid or vapor
withdrawal)
 - c) Natural or synthetic gas
- Exception: For Level 1 installations in locations
where the probability of interruption of off-site fuel
supplies is high (e.g., due to earthquake, flood
damage or demonstrated utility unreliability),
on-site storage of an alternate energy source
sufficient to allow full output of the emergency
power supply system (EPSS) to be delivered for
the class specified shall be required, with the
provision for automatic transfer from the primary
energy source to the alternate energy source.
CMS (Centers for Medicare/Medicaid Services)
requires a letter of reliability from the natural gas
vendor regarding the fuel supply that must
contain the following:
1. A statement of reasonable reliability of the
natural gas delivery.
 2. A brief description that supports the statement
regarding the reliability.
 3. A statement that there is a low probability of

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K 144	Continued From page 7 interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption, 5. The signature of a technical person from the natural gas provider. This deficient practice could affect all residents, staff and visitors. Findings include: Based on interview with the Acting Administrator, Chief Officer, Maintenance Director and the Housekeeping/Laundry Supervisor on 01/13/11 at 12:01 p.m. , the fuel source for the emergency generator was natural gas. Additionally, based on review, the facility did have a letter from their natural gas provider (NIPSCO) dated February 4, 2010 but the letter did not include all the items above required for a letter confirming the reliability of a natural gas fuel source for an emergency generator. The letter lacked supporting statements of reliability of natural gas and low probability of interruption of the natural gas service. This was acknowledged by the Acting Administrator and the Maintenance Director during the time of record review.	K 144			
K 147 SS=D	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 wet location resident care areas such as resident room 101 was provided	K 147	K147 It is the policy of Woodview Healthcare, Inc. to have GFCI protection in wet patient care areas. GFCI outlet has been replaced at the staff hand-washing sink, located in resident room 101 (See Attachment 6-A). No residents were affected by the deficient practice.		

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with ground fault circuit interrupter (GFCI) against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas subjected to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice affects 1 of 24 residents in the Skilled hall.

Findings include:

Based on an observation with the Acting Administrator, Chief Officer, Maintenance Director and the Housekeeping/Laundry Supervisor on 01/13/11 at 1:50 p.m., resident room 101 on the Skilled hall had an electrical receptacle on the wall within three feet of a sink that was not provided with GFCI protection to prevent electric shock. Based on an interview with the Maintenance Director at the time of observation, he confirmed the circuit breaker for this outlet was also not provided with GFCI protection to prevent electric shock.

3.1-19(b)

K 147 All GFCI outlets were inspected throughout the facility and all are in working condition. As part of the preventative Maintenance Program, Maintenance personnel will monitor GFCI outlets to ensure they are in working order (See Attachment 6-B). The Maintenance Director will report non-functioning GFCI outlets to the administrator.

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